

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52	/					
3		/					53		/				
4		/					54		/				
5		/					55		/				
6		/					56		/				
7		/					57		/				
8		/					58	/					
9		/					59	/					
10		/					60	/					
11	/						61	/					
12		/					62		/				
13	/						63	/					
14		/					64	/					
15		/					65	/					
16		/					66		/				
17		/					67		/				
18		/					68		/				
19		/					69		/				
20		/					70		/				
21		/					71	/					
22		/					72		/				
23		/					73		/				
24		/					74	/					
25		/					75	/					
26		/					76	/					
27		/					77	/					
28		/					78	/					
29		/					79		/				
30		/					80		/				
31		/					81						
32		/					82						
33	/						83						
34	/						84						
35	/	/					85						
36	/	/					86						
37	/	/					87						
38	/	/					88						
39	/	/					89						
40	/	/					90						
41	/	/					91						
42	/	/					92						
43	/	/					93						
44	/	/					94						
45	/	/					95						
46	/	/					96						
47	/	/					97						
48	/	/					98						
49	/	/					99						
50	/	/					100						
TOTAL IND.	10	1					TOTAL IND.	44	1	24	1		
TOTAL DEP.	88						TOTAL DEP.	16		104			
TOTAL CLAIMS							TOTAL CLAIMS			128			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS